



Quality Report

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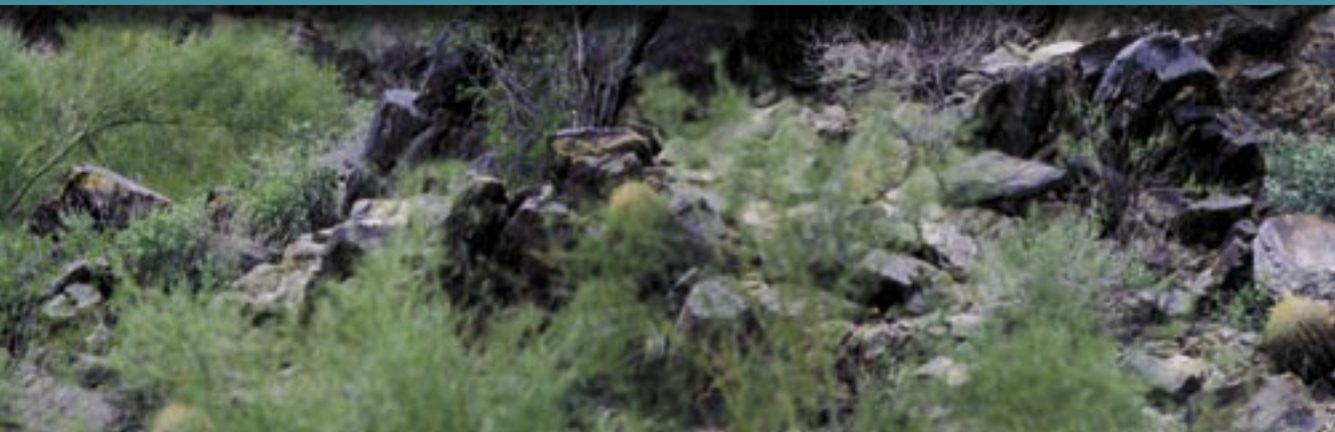


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Quality Matters!

Have you ever thought about what high quality health care is and wondered how to get it? The simplest definition of quality health care is getting the right care, at the right time, in the right way, with the best possible result. This report gives you the tools you need to get high quality care.

We measure the quality of care by evaluating member experiences and effectiveness of clinical care for large groups of people.

This report contains the following quality scores:

- Results of the CalPERS Health Plan Member Satisfaction Survey, which asks CalPERS members in each Basic and Medicare plan about their experiences with their health plan; and
- Effective Care Measures for each plan, which show what percentage of members receive needed preventive care and care for chronic conditions.

While these satisfaction and effective care measures can give you an overall idea of the performance of a health plan, the quality of care you experience may differ from what others experience depending on your health care needs, expectations, behavior, and provider and treatment choices. Look at the performance indicators on pages 12-17 that are most important to you and consider the other information in this Report to get valuable information that will help you make choices that are best for your individual needs. The Health Plan Chooser tool is also available to you on the CalPERS Web site at www.calpers.ca.gov.

We all need to work together to continually improve the quality and value of health care. CalPERS, our health plans, and providers are measuring the quality of care, sharing best practices, and working together to improve health care. Each of us can also participate as a health care consumer.

What we do as consumers has a huge impact on our health. We need to take good care of ourselves by:

- Living a healthy lifestyle (eating right, exercising, and avoiding dangerous situations and harmful behaviors);
- Being well informed about our health care;
- Seeking the right care;
- Sharing decision making;
- Making wise choices; and
- Following the treatment plan that we agree on with our providers.

If we all do our part, we can make big improvements in the quality of care and become healthier.

Read on to learn more!

Tips for Choosing a Health Plan, Doctor, Medical Group, and Hospital

Choosing a Health Plan

When choosing a health plan, consider the following:

- What member satisfaction and effective care measures are important to me (e.g. plan customer service, pharmacy services, access to doctors, providing preventive care, or measures for treating a chronic condition such as diabetes or asthma)?
- How does the plan score in measures that are important to me?
- What special programs are available to members, (e.g. nurse call lines, health education, or disease management)? You can find this information by looking at the health plan's Web site or calling the customer service number.
- Does the plan provide access to the doctors and hospitals I want?
- Is performance information available for the hospitals and doctors or medical groups in the health plan? If so, what are the results?

Choosing a Doctor

No matter what health plan you choose, you need to choose a doctor. In HMOs, you need to choose a doctor who is contracted with the health plan. In a PPO, the health plan covers more of the cost if you choose a preferred provider. Other things you might want to consider when choosing a doctor are:

- Where did the doctor go to medical school and receive postgraduate training?
- Is the doctor board certified in a specialty? Specialties include family practice, internal medicine, geriatrics, pediatrics, obstetrics and gynecology, general surgery, dermatology, orthopedics, and others.
- How much experience does the doctor have in providing the care I need?

- Does the doctor speak my language and understand my culture?
- How long has the doctor been in practice?
- Is the doctor associated with a medical group that participates in the Pay for Performance Initiative?
- Does the doctor use nurse practitioners or physician assistants in the office? This may enable you to receive more timely appointments for routine matters.
- What hospitals does the doctor use?

You also should consider the location, office hours, appointment availability, and whether the doctor uses electronic medical records.

To find out about a doctor, check the California Medical Board Web site at www.medbd.ca.gov. Your health plan's Web site or customer service representatives can tell you whether the doctor is contracted with the plan, the doctor's medical group, and additional information about the doctor. Call the doctor's office to find out information that is not available from the plan, check on availability of appointments, and verify that the doctor is still affiliated with the plan you are considering.

Choosing a Medical Group

If you enroll in an HMO, it's likely that your primary care doctor belongs to a medical group that contracts with the HMO. HMOs delegate many functions to medical groups, such as treatment authorization, specialty referrals, and initial grievance processing. The HMO will require you to receive all of your care from the medical group, unless it is an emergency or you need care that the medical group cannot provide. Therefore, it's important to know how a medical group scores on member satisfaction issues such as timely referrals, access to primary and specialty care, and member services.

Some medical groups also report clinical quality information.

How to Obtain Medical Group Quality Information

Member satisfaction and clinical quality results for many medical groups are available on the Healthscope Web site at www.healthscope.org and on the Office of the Patient Advocate's Web site at www.opa.ca.gov.

CalPERS reports medical group access results on our Web site. Go to www.calpers.ca.gov and select the **For Members** button. Once you select your **Member View**, go to the Health Program area. We publish member ratings of access to routine and urgent care from primary care providers and specialists, access to doctors by phone, and accuracy of emergency instructions.

Blue Shield, Western Health Advantage, and many of their contracting medical groups participate in the Integrated Healthcare Association's (IHA) Pay for Performance Initiative, which rewards medical groups that score highly on member satisfaction, clinical quality, and use of information technology. Medical group scores are available on the Healthscope OPA Web sites listed above. Although Kaiser Permanente has its own internal program, it participates in the medical group survey, and information is available on the above Web sites.

Choosing a Hospital

Even if you don't think you'll need hospital care, it's important to consider which hospitals are available through your health plan. All hospitals contracting with CalPERS health plans are licensed by the State and are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). However, some hospitals perform better than others, and some specialize in certain types of care. There are differences between hospitals in care results and patient satisfaction, as well as cost. Cost is not a good indicator of hospital quality.

To choose a hospital, first call the plan you are considering to find out which hospitals contract with the plan. If you have a doctor, ask your doctor which hospitals he or she uses and recommends. If you need a complex procedure, ask the doctor and the hospital how many of

these procedures they do and what their outcomes are. Generally, the more procedures a doctor or hospital does, the better the results are.

You can use the following sources to find out more about hospital quality:

JCAHO Hospital Quality Reports

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) began publishing individual hospital quality reports on its Web site in July 2004. These reports provide information specific to each hospital regarding accreditation status, services provided, as well as relative performance on patient safety goals and clinical quality measures. You can review these reports by going to the JCAHO Web site at www.qualitycheck.org and choosing the "Consumer" option.

The Leapfrog Group

The Leapfrog Group is a coalition of health purchasers who have found that hospitals which meet certain standards have better care results. These standards include:

- Computerized drug order entry systems;
- Specialty physician staffing in Intensive Care Units;
- Meeting or exceeding volume or other quality standards for these high-risk procedures:
 - Angioplasty and related procedures—400/year
 - Coronary artery bypass surgery—450/year
 - Pancreatic resection—11/year
 - Abdominal aortic aneurysm repair—50/year
 - Esophageal cancer surgery—13/year
 - Neonatal intensive care units/major congenital abnormalities—average daily census at least 15;

- A general safety score that is a composite of safety measures.

You can read the list of safety measures that hospitals should have in place at www.qualityforum.org. Click on the “Safe Practices for Better Healthcare” report.

The first three standards apply only to urban hospitals. The patient safety measure applies to all hospitals. Hospitals annually submit a survey on these measures. The results are available on the Leapfrog Web site at www.leapfroggroup.org.

CMS Hospital Compare

The Centers for Medicare and Medicaid Services (CMS) sponsors this publicly reported hospital quality information. The measures reported this year include treatment of acute myocardial infarction (MI—heart attack), pneumonia, and heart failure. Member experience data also may be available late in 2005 or in 2006. You can access the hospital scores on the Web at www.hospitalcompare.hhs.gov

HealthGrades

HealthGrades uses data from Medicare and states to compare outcomes of care for common procedures. You can access this information at www.healthgrades.com. Go to the “hospital ratings” section, and follow the directions to identify hospitals that have the best results for the listed procedures.

Health Plan Web Sites

Blue Cross (the CalPERS PPO administrator) and Blue Shield publish hospital quality information for members on their Web sites, which are listed on the inside back page of this booklet.

Communicating with your Doctor and Making Treatment Choices

To get the best health care, give your doctor complete information, understand your diagnosis and treatment plan, and be an active partner in your treatment.

Information you need to give your provider includes:

- Your family health history;
- Your complete medical history, including allergies;
- Your symptoms;
- All medications you are taking (including over-the-counter drugs and supplements); and
- Any special needs or concerns you have, including your wishes for end-of-life care.

When you need care, you might consider asking your provider the following questions:

1. What is my problem?
2. What are my treatment options?
3. What are my likely outcomes for each option?
4. What are my risks for each option?
5. What treatment do you recommend given my specific situation?
6. What is likely to happen if I do nothing?
7. Can you recommend any resources that can help me better understand my condition and treatment?

More tips:

- Ask questions if you do not understand.
- Ask for written instructions.
- Get a second opinion if you would like one.
- Use the reliable Web sites listed on page 21 to get more information.
- Ask a friend or family member to come with you to your doctor visit if you need help.
- Be sure to get the results of any tests.

How to Avoid Complications in the Hospital

Hospital-acquired infections, medical errors, and other complications can occur in hospitals. These can cause serious illness or death. The Institute of Medicine in its 2001 report, “Crossing the Quality Chasm,” estimated that as many as 98,000 people die each year in U.S. hospitals due to medical errors. The Centers for Disease Control and Prevention estimates that two million patients suffer hospital-acquired infections each year.

If you or a loved one is hospitalized, there are things you can do to help assure that you get safe hospital care. Along with reviewing the quality information about hospitals that we discussed on the previous page and using hospitals that score well when this is possible, here are some important steps you can take to protect yourself:

1. Make sure that your nurses and other providers check your identity carefully before administering any treatment or medication. Check your ID bracelet to make sure that it is correct.
2. In order to avoid drug interactions, notify the nurses and doctors of any allergies you have and any drugs or supplements you take.
3. Ask for help if you need it, and keep your call light handy.
4. If you are having surgery, be sure that your doctor marks the surgery site and that you agree that the marking is correct before you go to the operating room.
5. Ask your doctor how often you should be getting up, and make sure that you get up as much as you should. Change your position frequently. This can avoid complications due to immobility such as bedsores, pneumonia, and blood clots.
6. Remind all personnel to wash or disinfect their hands before they provide care to you.
7. If you have an intravenous (IV) line, be sure that it is attached to a device that controls the flow rate so that you get the right amount of medication or fluids.
8. If you have any questions or concerns about your care, ask the doctor or nurse. You have the right to question or refuse any care that does not seem right to you.
9. If you can't watch out for yourself, ask a family member or friend to stay with you.
10. Ask for written instructions when you go home, and make sure that you clearly understand how to take care of yourself and when you need to see your doctor again.
11. If you need help, contact the Patient Advocate or Ombudsman available at most hospitals.

What CalPERS Members Think of Their Health Plan Choices

Member Satisfaction — Basic Plans

Each year, CalPERS asks a sample of 1100 members of each Basic plan to answer a survey about their experience with their health plan. We provide selected results below to help you choose a health plan. The results below are for member experiences in 2004 and early 2005. The CalPERS Basic Plan Average is the average of all responses of CalPERS Basic members for each question.

CalPERS Basic Health Plans		Overall Satisfaction				General Access to Care		
		Percent rating their overall satisfaction with the plan 8-10 ²	Percent rating the overall value of the plan 8-10 ²	Percent rating their experience with their personal doctor 8-10 ²	Percent who would definitely or probably recommend the plan	Percent who stated they had no problem finding a personal doctor they were happy with	Percent who were able to get the care, tests, or treatment they needed within a reasonable time	Percent who were able to get the help or advice they needed when they called their doctor during regular hours
CalPERS Basic Plan Average		66	60	72	90	83	89	88
HMOS	Blue Shield	56	54	64	86	81	83	83
	CCPOA ³	58	48	64	80	76	84	86
	Kaiser Permanente	66	67	68	90	53	85	83
	Western Health Advantage	79	67	71	96	86	88	86
PPOS	CAHP ¹	79	79	74	97	89	95	92
	PERSCare	68	57	81	93	86	94	92
	PERS Choice	53	46	71	83	82	87	91
	PORAC ¹	68	54	78	91	88	94	90

¹ Association plans available only to members of these associations.

² On a scale from 1 - 10, 1 being low, 10 being high.

³ CCPOA scores are for the previous CCPOA administrator, Health Net. CCPOA's administrator is being changed to Blue Shield for 2006.

How to Use These Scores to Evaluate Health Plans

Look at the scores in the areas that are important to you, and compare the scores of the plans to each other and to the plan average. Remember that differences of less than about five points may not be significant, because of statistical variation.

CalPERS Basic Health Plans		Specialist Care		Pharmacy	Bills for Health Care	Plan Member Services
		Percent rating their experience with the specialist they saw most often 8-10 ²	Percent who stated they had no problem seeing a specialist	Percent who stated they used the prescription drug benefit and were satisfied	Percent who were satisfied with the way their health plan handled bills ⁴	Percent who stated they had no problem getting help from their plan's member services
CalPERS Basic Plan Average		79	82	84	49	47
HMOs	Blue Shield	70	74	80	44	49
	CCPOA ³	73	75	59	36	52
	Kaiser Permanente	71	73	92	57	46
	Western Health Advantage	78	82	85	53	58
PPOs	CAHP ¹	83	88	91	61	49
	PERSCare	85	86	88	49	48
	PERS Choice	78	85	86	40	42
	PORAC ¹	85	90	83	50	37

¹ Association plans available only to members of these associations.

² On a scale from 1 - 10, 1 being low, 10 being high.

³ CCPOA scores are for the previous CCPOA administrator, Health Net. CCPOA's administrator is being changed to Blue Shield for 2006.

⁴ The following percentages of members in each plan stated they received bills for covered health care services.

HMOs –

Blue Shield 26%

Kaiser 11%

CCPOA 41%

WHA 23%

PPOs –

CAHP 57%

PERS Choice... 70%

PERSCare .. 67%

PORAC 68%

What CalPERS Members Think of Their Health Plan Choices

Member Satisfaction — Medicare Plans

Each year, CalPERS asks a sample of 1100 members of each Medicare plan to answer a survey about their experience with their health plan. We provide selected results below to help you choose a health plan. The results below are for member experiences in 2004 and early 2005. The CalPERS Medicare Average is the average of all responses of CalPERS Medicare members for each question.

CalPERS Medicare Health Plans		Overall Satisfaction				General Access to Care		
		Percent rating their overall satisfaction with the plan 8-10 ⁴	Percent rating the overall value of the plan 8-10 ⁴	Percent rating their experience with their personal doctor 8-10 ⁴	Percent who would definitely or probably recommend the plan	Percent who stated they had no problem finding a personal doctor they were happy with	Percent who were able to get the care, tests, or treatment they needed within a reasonable time	Percent who were able to get the help or advice they needed when they called their doctor during regular hours
CalPERS Medicare Average		87	85	79	97	89	95	93
HMOs ¹	Blue Shield	80	78	79	95	89	92	93
	Kaiser Permanente	87	88	79	97	100	92	89
	CAHP ³	92	92	80	98	90	98	95
	PERSCare	91	88	79	98	89	97	94
PPOs ²	PERS Choice	85	80	79	96	88	95	92

¹ CCPOA and Western Health Advantage were not surveyed because enrollment is too low to obtain valid results.

² PORAC was not surveyed because enrollment is too low to obtain valid results.

³ Association plans available only to members of these associations.

⁴ On a scale from 1 - 10, 1 being low, 10 being high.

How to Use These Scores to Evaluate Health Plans

Look at the scores in the areas that are important to you, and compare the scores of the plans to each other and to the plan average. Remember that differences of less than about three points may not be significant, because of statistical variation.

CalPERS Medicare Health Plans		Specialist Care		Pharmacy	Bills for Health Care	Plan Member Services
		Percent rating their experience with the specialist they saw most often 8-10 ⁴	Percent who stated they had no problem seeing a specialist	Percent who used the prescription drug benefit and were satisfied	Percent who were satisfied with the way their health plan handled bills ⁵	Percent who stated they had no problem getting help from their plan's member services
CalPERS Medicare Average		86	91	94	60	60
HMOs ¹	Blue Shield	82	89	90	46	60
	Kaiser Permanente	85	88	98	60	62
	CAHP ³	91	94	95	76	64
	PERSCare	87	92	95	59	65
PPOs ²	PERS Choice	86	92	92	55	52

¹ CCPOA and Western Health Advantage were not surveyed because enrollment is too low to obtain valid results.

² PORAC was not surveyed because enrollment is too low to obtain valid results.

³ Association plans available only to members of these associations.

⁴ On a scale from 1 - 10, 1 being low, 10 being high.

⁵ The following percentages of members in each plan stated they received bills for covered health care services.

HMOs –

Blue Shield 38%

Kaiser..... 8%

PPOs –

CAHP 47%

PERSCare .. 33%

PERS Choice... 43%

Taking Responsibility for Your Health

You can protect your health by getting regular check-ups as appropriate for your age and health, getting the services you need, and following the treatment plan agreed on by you and your doctor.

In the following pages, we describe some important clinical quality measures that are collected nationwide. These measures were developed by a committee of medical experts who identified them as important indicators of quality of care.

Why Quality Measures Are Important

- Immunizations prevent communicable diseases and their complications.
- Cancer screening (breast, cervical and colorectal) allows early diagnosis and treatment, which improves survival rates.
- Chlamydia screening allows early detection and treatment, which can prevent infertility. A woman can have chlamydia with no symptoms.
- Appropriate care for chronic conditions (such as hypertension, diabetes, asthma, and heart disease) keeps people as healthy as possible and can prevent complications that can lead to disability, hospitalization, and death.
- Limiting use of antibiotics to only appropriate situations avoids unnecessary treatment, complications from reactions to antibiotics, and development of bacterial resistance.
- Early prenatal care and timely postpartum care allow the doctor to provide education and to identify and treat problems early.
- Care for depression and timely follow up after mental health hospitalization help to assure that the patient gets the best possible outcome from treatment.

- Evaluation and treatment of osteoporosis helps prevent future fractures.

The measures on the following pages are collected using a standard process developed by the National Committee on Quality Assurance, the association that accredits health plans. The process is managed in California for HMOs by the California Cooperative Healthcare Reporting Initiative, a group of plans, providers, and purchasers of which CalPERS is a member. Blue Cross, the CalPERS PPO administrator, calculates these measures for the PPO using the same standard processes.

Reviewing these measures can help you evaluate how each plan rates in the provision of recommended periodic health screenings and other clinical care.

Are You at a Healthy Weight?

One important step you can take to improve your health is to monitor your height and weight and maintain your body mass index (BMI) in a healthy range. BMI is a number that shows the relationship between your height and weight. A BMI over 25 or under 19 indicates you may be at increased health risk.

Body Mass Index Table

Overweight and obesity, along with smoking, are major causes of illness in our society. Being overweight puts us at increased risk for diabetes, heart disease, cancer, and arthritis and decreases the quality of our life. Use the table below to determine whether you are at a healthy weight. If you aren't, talk to your doctor, look at your health plan's Web site, and consult other helpful Web sites listed on the last page of this booklet to begin to make the changes necessary to attain a healthy weight. Radical diets don't work, but lifestyle change does. Consistent increases in your activity level and decreases in your food intake can result in significant weight loss over a period of time.

You can use this table to find out whether you are at a healthy weight. To use the table, find your height in inches in the left-hand column labeled Height. Move across to your weight (in pounds). The number at the top of the column is your BMI at that height and weight. Pounds have been rounded off.

BMI ⇒	Normal							Overweight				Obese					
	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Body Weight (pounds)																
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287

BMI under 19—underweight **BMI 19-25**—Normal **BMI 25-29**—Overweight (increased health risk*)

BMI over 30—Obese (high health risk*)

**Risk is even higher if waist measurement is over 40 inches for a man or over 35 inches for a woman*

Source: National Heart, Lung, and Blood Institute, www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm

Effective Care Measure Descriptions

Effective Care Measure	Description
Adult Health	Colorectal Cancer Screening (Basic and Medicare) The percentage of patients 51-80 years old who received a test for blood in the stool, a sigmoidoscopy, a colonoscopy, or a barium enema
	Asthma medication—Adults 18-56 (Basic plans) The percentage of adults with persistent asthma who received appropriate medications, including inhaled steroids, leukotriene modifiers, or nedocromil
Children's Health (Basic Plans)	Childhood Immunization—Combination of All Vaccines for HMOs. For PPOs, Measles, Mumps, and Rubella (MMR), and Chicken Pox (VZV) are reported. For the HMOs, the percentage of two year olds who received all recommended vaccines by their second birthday (These vaccines include: four diphtheria and tetanus, one pertussis, three polio, one measles, mumps and rubella (MMR), three H influenza B (HIB), three hepatitis B, and one chicken pox (VZV). For the PPOs, we report separately the percentage of children who received an MMR and VZV.)
	Adolescent Immunization—Combination of All Vaccines (not available for PPO) The percentage of adolescents who received a second MMR, three hepatitis B, and one VZV by their 13th birthday
	Asthma Medicine—Children 5-9 The percentage of members with persistent asthma in each age group who received appropriate medication for long term control (inhaled steroids, leukotriene modifiers, or nedocromil)
	Asthma Medicine—Adolescents 10-17 The percentage of members with persistent asthma in each age group who received appropriate medication for long term control (inhaled steroids, leukotriene modifiers, or nedocromil)
	Use of Antibiotics in Children with Upper Respiratory Infections (colds) (new measure) The percentage of children 3 months to 18 years of age who were diagnosed with upper respiratory infection (URI) and DID NOT receive a prescription for antibiotics within 3 days of the diagnosis (This measures whether antibiotics were inappropriately prescribed for URI. Antibiotics are not appropriate treatment for a simple URI.)
	Appropriate Use of Antibiotics for Children with Sore Throats (new measure) The percentage of children 2-18 years of age with a sore throat who received an antibiotic and also received a strep test (It is good practice to document a bacterial infection with a strep test if prescribing antibiotics for a sore throat.)
Women's Health and Maternity Care	Visits During Pregnancy (Basic plans) The percentage of women who had a baby and had a provider visit in the first trimester or within 42 days of enrollment
	Visits After Delivery (Basic plans) The percentage of women who had a baby and had a provider visit between 21 and 56 days after delivery
	Breast Cancer Screening (Basic and Medicare) The percentage of women ages 52-69 who received at least one mammogram in the past two years
	Cervical Cancer Screening (Basic plans) The percentage of women ages 21-64 who received at least one Pap test in the past three years
	Chlamydia Screening Ages 16-20 (Basic plans) The percentage of sexually active women in each age group who received at least one test for chlamydia during the year (Chlamydia is a sexually transmitted disease that is very common in young women. Screening is done with cervical swab or simple urine test. Every sexually active young woman should be screened.)
	Chlamydia Screening Age 21-25 (Basic plans) The percentage of sexually active women in each age group who received at least one test for chlamydia during the year (Chlamydia is a sexually transmitted disease that is very common in young women. Screening is done with cervical swab or simple urine test. Every sexually active young woman should be screened.)
	Osteoporosis Management in Women Who Had a Fracture (Medicare plans) The percentage of women 67 years of age and older who had a fracture and had a bone density test or prescription for a drug to treat osteoporosis in the six months following the fracture

Effective Care Measure		Description
Heart Health—Basic & Medicare	Controlling High Blood Pressure (not available for PPO)	The percentage of members ages 46-85 with hypertension whose blood pressure was less than 140/90
	Testing LDL Cholesterol after Acute Heart Problem (heart attack, coronary artery bypass graft, or angioplasty)	The percentage of members ages 18-75 who had an acute heart problem and were tested for LDL cholesterol
	Controlling LDL Cholesterol After Acute Heart Problem (not available for PPO)	The percentage of members ages 18-75 who had an acute heart problem and whose LDL cholesterol was below 130 and 100 (two measures)
	Beta Blocker After Heart Attack (Basic and Medicare)	The percentage of members 35 years and older who had a heart attack and received a prescription for a beta blocker afterwards (Beta blockers reduce the workload of the heart and help to prevent repeat heart attacks and death.)
Mental Health –Basic & Medicare	Anti-depressant Medication Management	The percentage of members 18 years of age and older with a new diagnosis of depression who: <ul style="list-style-type: none"> • Had at least three visits with a provider • If on medication, stayed on the medication for 12 weeks (acute phase) • If on medication, stayed on the medication for at least 6 months (continuation phase)
	Follow-up Visit After Mental Illness Hospital Stay	The percentage of members 6 years and older who received a follow-up visit within 7 days or within 30 days of discharge
Diabetes Care—Basic & Medicare, Ages 18-75	Testing Blood Sugar (not available for Medicare PPO)	Percentage of diabetics who had one hemoglobin A1c test during the year (This test determines how well blood sugar is controlled over a period of time.)
	Controlling Blood Sugar (not available for PPO)	Percentage of diabetics whose Hemoglobin A1c (HbA1c) is below 9.0% (An HbA1c above 9.0% indicates poor blood sugar control. The HbA1c should be below 7.0% if a diabetic is in good control.)
	Testing LDL Cholesterol (not available for Medicare PPO)	Percentage of diabetics who received an LDL cholesterol test
	Controlling LDL Cholesterol (not available for PPO)	Percentage of diabetics whose LDL cholesterol is less than 130 and less than 100 mg/dl
	Retinal Eye Exam	Percentage of diabetics who received an eye exam to check the retina
	Testing Kidney Function (not available for Medicare PPO)	Percentage who received a test for protein in the urine, which indicates declining kidney function

Effective Care Measures — HMO Basic Plans

Effective Care Measure		CA HMO Basic Average	Blue Shield	Kaiser	Western Health Advantage
Adult Health	Colorectal Cancer Screening	46	50	39	49
	Asthma Medication--Adults	72	73	73	73
Children's Health	Childhood Immunization	75	74	81	66
	Adolescent Immunization	52	51	70	34
	Asthma Medication for Children	67	74	63	57
	Asthma Medication for Adolescents	65	67	64	64
	Correct Antibiotic Use When Treating Children with URI (Head Cold)	83	78	93	86
	Strep Test when Using Antibiotic to Treat Sore Throat	47	47	74	53
Women's Health and Maternity Care	Care Before Delivery	93	96	91	82
	Care After Delivery	81	83	80	70
	Breast Cancer Screening	75	79	76	72
	Cervical Cancer Screening	82	82	79	81
	Chlamydia Screening Ages 16-20	37	28	61	37
	Chlamydia Screening Ages 21-25	39	30	64	43
Heart Care	Controlling High Blood Pressure	68	67	56	64
	Testing LDL Cholesterol After Acute Heart Problem	83	81	85	80
	LDL Cholesterol Below 130 mg/dl After Acute Heart Problem	72	68	79	78
	LDL Cholesterol Below 100 mg/dl After Acute Heart Problem	54	52	62	55
	Beta Blocker After Heart Attack	96	96	98	NA
Mental Health Care	Three Treatment Visits for Depression (12 weeks)	22	18	24	15
	Anti-depressant Medication (Initial Treatment)	64	57	82	68
	Anti-depressant Medication (Ongoing Treatment)	47	41	63	49
	Follow-up Visit 7 days After Mental Illness Hospital Stay	55	43	64	50
	Follow-up Visit 30 days After Mental Illness Hospital Stay	74	65	81	76
Diabetes Care	Testing Blood Sugar	86	88	85	83
	Controlling Blood Sugar	69	73	72	61
	Testing LDL Cholesterol	93	94	93	90
	LDL Cholesterol below 130 mg/dl	67	72	69	60
	LDL Cholesterol below 100 mg/dl	39	42	42	35
	Retinal Eye Exam	55	57	67	38
	Testing Kidney Function	61	56	74	52

NA- Measure not reported because sample size is too small.

How to Use These Scores to Evaluate Health Plans

Look at the scores in the areas that are important to you, and compare the scores of the plans to each other and to the plan average. These scores show you what percentage of HMO members received the indicated service. Remember that differences of less than about three to five points may not be significant, because of statistical variation.

Effective Care Measures — HMO Medicare Plans

Effective Care Measure		CA HMO Medicare Average	Blue Shield	Kaiser	Western Health Advantage
Adult Health	Colorectal Cancer Screening	50	46	47	58
	Breast Cancer Screening	74	69	81	75
Women's Health	Osteoporosis Management	23	12	37	14
	Controlling High Blood Pressure	65	69	57	53
Heart Health	Testing LDL Cholesterol After Acute Heart Problem	83	83	90	NA
	LDL Cholesterol below 130 mg/dl After Acute Heart Problem	70	69	86	NA
	LDL Cholesterol below 100 mg/dl After Acute Heart Problem	52	50	70	NA
	Beta Blocker After Heart Attack	97	96	99	NA
	Three Treatment Visits for Depression (12 weeks)	9	7	15	NA
Mental Health	Anti-depressant Medication Initial Treatment (12 weeks)	62	55	84	NA
	Anti-depressant Medication Ongoing Treatment (6 months)	47	39	68	NA
	Follow-up Visit 7 days After Mental Illness Hospital Stay	31	16	58	NA
	Follow-up Visit 30 days After Mental Illness Hospital Stay	45	26	75	NA
	Testing Blood Sugar	89	90	92	89
Diabetes Care	Controlling Blood Sugar	79	80	88	60
	Testing LDL Cholesterol	95	95	97	92
	LDL Cholesterol below 130 mg/dl	71	70	81	55
	LDL Cholesterol below 100 mg/dl	45	42	56	34
	Retinal Eye Exam	71	70	82	55
	Testing Kidney Function	63	60	82	55

Effective Care Measures — PPO Basic Plans

Measure		PERS Care 2004	PERS Care 2005	PERSChoice 2004	PERSChoice 2005
Adult Health	Colorectal Cancer Screening	30	41	29	39
	Asthma Medication--Adults	71	78	68	72
Children's Health	Measles, Mumps, Rubella (MMR) Vaccine	74	68	65	70
	Chicken Pox (VZV) Vaccine	73	62	62	66
	Asthma Medication for Children	*	68	69	73
	Asthma Medication for Adolescents	72	66	67	69
	No Antibiotic Use for Children with Upper Respiratory Infection (Head Cold)	86	84	84	82
	Strep Test When Using Antibiotic to Treat Children with Sore Throat	*	44	39	45
Women's Health and Maternity Care	Visits During Pregnancy	*	50	*	41
	Visits After Delivery	*	50	*	51
	Breast Cancer Screening	71	71	70	71
	Cervical Cancer Screening	73	74	75	75
	Chlamydia Screening Ages 16-20	34	26	30	24
	Chlamydia Screening Ages 21-25	28	27	31	28
Heart Care	Testing LDL Cholesterol After Acute Heart Problem	76	59	68	51
	Beta Blocker After Heart Attack	95	94	87	77
Mental Health Care	Three Treatment Visits for Depression (12 weeks)	40	39	32	33
	Anti-depressant Medication Initial Treatment (12 weeks)	71	74	65	66
	Anti-depressant Medication Ongoing Treatment (6 months)	48	61	48	52
	Follow-up Visit 7 days After Mental Illness Hospital Stay	46	43	35	39
	Follow-up Visit 30 days After Mental Illness Hospital Stay	54	57	58	59
Diabetes Care	Testing Blood Sugar	78	80	75	75
	Testing Cholesterol	86	87	81	84
	Retinal Eye Exam	33	38	27	27

*Not reported in 2004.

How to Use These Scores to Evaluate Health Plans

Look at the scores in the areas that are important to you. Remember that differences from last year's scores of less than about three to five points may not be significant, because of statistical variation. These scores show you what percentage of PPO members received the indicated service, as indicated by claims data. An “NR” means the score was not reportable because the number of members needing the service was too small.

Effective Care Measures — PPO Medicare Plans

Measure		PERS Care 2004	PERS Care 2005	PERSChoice 2004	PERSChoice 2005
Adult Health	Colorectal Cancer Screening	24	36	24	36
Women's Health	Osteoporosis Management	35	49	42	52
	Breast Cancer Screening	75	72	75	74
Heart Care	Beta Blocker After Heart Attack	85	78	83	87
Mental Health Care	Three Treatment Visits for Depression (12 weeks)	19	21	24	25
	Anti-depressant Medication Initial Treatment (12 weeks)	72	75	65	75
	Anti-depressant Medication Ongoing Treatment (6 months)	59	59	56	62
	Follow-up Visit 7 days After Mental Illness Hospital Stay	17	19	NR	NR
	Follow-up Visit 30 days After Mental Illness Hospital Stay	39	38	NR	NR
Diabetes Care	Retinal Eye Exam	57	58	50	51

Personal Health Screening Test Checklist

This chart includes certain key tests and screenings that adults need. Use this table as a guide; your needs for preventive care depend on your risk factors. Discuss your preventive health care needs with your doctor or health care provider.

Test	Last test date and result	Date due
Cholesterol Check —Baseline test at age 20, then every 5 years starting at age 45. Annually if at risk for coronary heart disease. Risk factors: Heart disease, high LDL or low HDL cholesterol, diabetes, high blood pressure, smoking, close relative with heart disease and/or stroke at a young age		
Blood Pressure —Every 2 years or at every doctor visit		
Colorectal Cancer Screening — Average risk: Starting at age 50, flexible sigmoidoscopy every 10 years; optional fecal occult blood test every 1-2 years. If family history , colonoscopy every 10 years		
Height, Weight, Body Mass Index —Annually		
Diabetes Test (Blood Sugar) —Every 5 years over age 45 or under 45 and overweight and with family history of diabetes or if Native American, African American, Hispanic, or Asian/South Pacific Islander, or signs of insulin resistance or history of gestational diabetes. Annually, if you have high cholesterol, high blood pressure, or high blood sugar		
Depression Screening —If feeling down for more than 2 weeks		
Sexually Transmitted Diseases —If sexually active (discuss with your doctor)		
Osteoporosis Screening —Bone density test at age 70 or earlier if risk factors, which include prior fracture, family history of fractures after age 50, being thin or small boned (under 125 pounds if a woman), smoker, or using medications that increase risk		
Immunizations —such as influenza, pneumonia (if over age 50 or at risk), or if traveling—discuss the need for these with your doctor		
For Women Only		
Mammogram —Consider having every 2 years starting at age 40, and get one every 2 years after age 50; more frequently and earlier if family history of breast cancer		
Pap test —Every 1-3 years over age 21 or if sexually active, depending on your risk factors. More frequent screening if previous abnormal test.		
Chlamydia screening —If sexually active, at least every 3 years even if no symptoms (see explanation page 12)		
For Men Only		
Prostate Cancer Screening —Discuss benefits and risks with your doctor. Screening includes a blood test* and a rectal exam.		
Use the space below for any additional tests recommended by your doctor		

* Prostate Specific Antigen (PSA)

Tips for Behavior Change

Have you ever wondered why it is so hard to change a behavior that you know is bad for your health? These troublesome behaviors include things like lack of exercise, overeating, and smoking.

Knowing the right thing to do is not enough. It seems like everywhere we turn we see information on how we need to stop smoking, eat better, or exercise more. However, knowing what we “should” do and being able to do it are two very different things.

People engage in unhealthy behaviors because the rewards they experience from the behavior are greater than the benefits they think they will get for changing the behavior, they don’t believe they can change, or they don’t know how to change.

You can improve your ability to change by understanding:

- Your reasons to stay the same; and
- Your reasons to change

To do this, you can use a tool called a “Decision Balance” that looks like this:

Reasons to Stay the Same (Resistance to change)	Reasons to Change (Motivation to change)
List and rate your benefits of staying the same here	List and rate your concerns about staying the same here
List and rate your concerns about changing here	List and rate the benefits of changing here
Total score:	Total score:

Fill in the decision balance, listing benefits and concerns in the boxes. Then:

- Rate the strength of your reasons to stay the same or to change on a scale from 0-10 (0 being not important, and 10 being very important) and add up each column.
- Think about how to make the reasons to change stronger, and the reasons to stay the same weaker.
- Then identify small steps you can take on the road to change, and get started!

As you find ways to make the reasons to change stronger than the reasons to stay the same and see small successes, your confidence will grow. It may help to enlist the support of your family and friends, as well as your doctor. Finally, it’s important not to get discouraged if you “blow it,” but instead to keep trying.

Source: Botelho, Rick. *Motivational Practice: Promoting Healthy Habits and Self-care of Chronic Diseases*, MHH Publications, Rochester, NY, 2004.

Disease Management Programs at CalPERS Health Plans

CalPERS health plans offer many programs to help members manage their chronic conditions. We have listed programs for the most common conditions below. If you have one of these conditions or one not listed, call the health plan's Member Service number and check the plan Web sites listed on the inside back cover of this report for more information. If you are considering an association plan, call your association to obtain information about any care management programs available in those plans.

Blue Cross (PERS Choice/PERSCare)	Blue Shield	Kaiser	Western Health Advantage
Asthma Cardiovascular disease (includes congestive heart failure (CHF), coronary artery disease (CAD), high blood pressure and cholesterol management) Depression screening and referral Diabetes High-risk care management All programs use health coaches to work with members to help them follow their treatment plan and communicate with their doctor.	Asthma* Arthritis—information and surveys to members. Congestive heart failure** Cardiovascular disease* Chronic Obstructive Pulmonary Disease* Diabetes* High-risk patients with multiple comorbidities*** Depression screening and referral <i>* Program provides health coaching and also works with your doctor to help assure that you receive the right care</i> <i>** Focused on the most seriously ill members with congestive heart failure</i> <i>***Nurses work with patients and their families to facilitate patient centered care for members with complex chronic diseases, newborns in neonatal intensive care units, and members in trauma units.</i>	Asthma Cardiovascular disease (includes CHF, CAD, hypertension) Chronic kidney disease Complex chronic diseases Depression Screening and Referral Diabetes All programs are led by Kaiser primary care doctors. Members have access to classes and other resources to help them manage their disease, and members at risk receive personalized support from care management staff.	Asthma Cardiovascular disease Diabetes Depression screening and referral Preventive health programs dealing with risk factors of obesity, high blood pressure, and high cholesterol Programs provide health coaching, and also work with your doctor to help assure that you receive the right care.
Member Services: (877) 737-7776 (toll free) (818) 234-5141 (outside the continental U.S.) (818) 234-3547 (TDD)	Member Services: (800) 334-5847	Member Services: (800) 464-4000 (toll free) (800) 777-1370 (toll free TTY) – for the hearing and speech impaired	Member Services: (888) 563-2250 (toll free) (916) 563-2250

Health Information Web Sites

CalPERS On-Line

www.calpers.ca.gov

Medline Plus Drug Information and General Medical Information

www.nlm.nih.gov/medlineplus

Fitness, Nutrition, Prevention

www.healthierus.gov

General Health Information

Healthfinder

www.healthfinder.gov

Mayo Clinic

www.MayoClinic.com

Web MD

www.webmd.com

Medical Board of California

www.medbd.ca.gov

Helpful Information for Seniors

www.firstgov.gov, click on Seniors in the “By Audience” box, then click on “Health.”

Making Your Wishes Known—Advance Directives—Information and Forms

American Academy of Family Physicians

familydoctor.org/x1625.xml

California Coalition for Compassionate Care

www.finalchoices.calhealth.org

Medical Research Information for Patients and Caregivers

www.patientinform.org/PI/home.jsp

Specific Diseases

Asthma and Other Lung Disease

www.nhlbi.nih.gov/health/public/lung/index.htm

Cancer

National Cancer Institute

www.cancer.gov/cancerinfo

Diabetes

American Diabetes Association

www.diabetes.org/home.jsp

National Diabetes Education Program

www.ndep.nih.gov

National Institutes of Health

www.diabetes.niddk.nih.gov

Digestive Diseases

www.digestive.niddk.nih.gov

Heart Disease and Stroke

American Heart Association

www.americanheart.org

Kidney Disease

www.kidney.niddk.nih.gov

Osteoarthritis and Other Musculoskeletal and Skin Diseases

www.niams.nih.gov

Health Plan Web sites

Blue Shield

https://www.mylifepath.com/bsc/calpers/calpers_welcome.jhtml

Kaiser

<http://my.kaiserpermanente.org/ca/calpers/>

PERSCare/PERS Choice

www.calpers.ca.gov, and www.Bluecrossca.com

Western Health Advantage

www.westernhealth.com



CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

400 Q Street, Sacramento, CA 95814
www.calpers.ca.gov